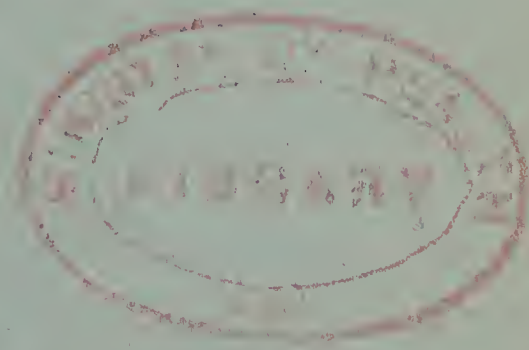


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Borough of Ludlow.



ANNUAL REPORT of the Medical Officer of Health for the Year 1942.

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BOROUGH OF LUDLOW.

Annual Report of the Medical Officer of Health, 1942.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the Borough for the year ending 31st December, 1942.

VITAL STATISTICS.

The statistics for the year compare favourably with those for the country as a whole. The Infantile Mortality is especially favourable, only one death of a child under the age of a year having been recorded.

INFECTIOUS DISEASES.

No serious epidemic of any Infectious Disease took place, the greatest number of cases being of Measles (86). Scarlet Fever cases numbered four and Diphtheria six, all of whom recovered.

The protection of the child population against Diphtheria continued during the year, and by the 31st December, 1942, 93% of the total number of children between the ages of five and fifteen years were protected, and 52% of those from the ages of 0 to five years.

TUBERCULOSIS.

At the end of the year there were 145 cases on the register of Tuberculosis. Eleven new cases were notified and one death was recorded. This gives a death-rate very much below that for the whole country.

WATER SUPPLY.

Owing to the exceptional low rain-fall during the year there was a shortage in both the Burway and Fountain Spring supplies,

and upwards of 16,000,000 gallons of water were obtained from the mains of the Birmingham Corporation supply.

Analysis of the town supplies is made monthly and the water is chlorinated to ensure safety.

MILK SUPPLY.

Reference is made in the report to the new National Milk Testing and Advisory Scheme which has now been commenced, and the object of which is to prevent the serious loss of Milk which has been caused by the souring of some part of the supply. It is hoped that by this scheme a considerable improvement in the cleanliness and keeping qualities of milk will be secured.

In conclusion, I would like to express my thanks to my predecessor, Dr. H. M. Wood, for her assistance in supplying some of the statistics in the report, and also to your Surveyor, Mr. W. G. Lane, for his co-operation.

I have the honour to be,

Your obedient servant,

JAMES L. GREGORY.

Medical Officer of Health.

LUDLOW,

1st July, 1943.

PUBLIC HEALTH STAFF.

MEDICAL OFFICER OF HEALTH :

H. M. WOOD, B.Sc., M.B., Ch.B.

(Resigned 31st December, 1942).

JAMES L. GREGORY, M.B., Ch.B., F.R.F.P.S., D.P.H.,
D.T.M. and Hy. (Appointed 1st January, 1943).

SANITARY INSPECTOR :

WILLIAM GEO. LANE, M. Inst. M. & Cy. E.,

Cert. Roy. San. Inst., Cert. Inst. San. Engs.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

Area (in acres)	966
Estimated Population (mid-year 1942) ...	6,290
Number of Inhabited Houses as at 31st Dec., 1942, according to rate book ...	1,553
Rateable Value, as at 1st April, 1942 ...	£32,639
Sum represented by 1d. rate ...	£123 19s. 4d.

EXTRACTS FROM VITAL STATISTICS.

LIVE BIRTHS—

	M.	F.	Total
Legitimate	52	49	101
Illegitimate	5	1	6
	<hr/>	<hr/>	<hr/>
Totals	57	50	107
	<hr/>	<hr/>	<hr/>

BIRTH-RATE per 1,000 of estimated resident population = 17·0

STILL BIRTHS—

	M.	F.	Total
Legitimate	3	3	6
Illegitimate	0	0	0
	<hr/>	<hr/>	<hr/>
Totals	3	3	6
	<hr/>	<hr/>	<hr/>

Rate per 1,000 total (Live and Still) Births = 53.

	M.	F.	Total
DEATHS	37	49	86

DEATH-RATE per 1,000 of estimated resident population = 13·6

INFANTILE MORTALITY—

All Infants, per 1,000 Live Births	=	9·3
Legitimate Infants, per 1,000 Live Legitimate Births	=	10·0
Illegitimate Infants, per 1,000 Live Illegitimate Births	=	nil
TOTAL NUMBER OF INFANT DEATHS—Legitimate	=	1
Illegitimate	=	nil
	<hr/>	<hr/>
Total	=	1
	<hr/>	<hr/>

DEATHS from—

Cancer (all ages)	...	...	...	...	=	15
Measles (all ages)	...	...	...	...	=	nil
Whooping Cough (all ages)	...	...	...	...	=	nil
Diarrhoea (under 2 years)	...	...	...	...	=	nil

MATERNAL MORTALITY—

There was one death under this heading during the year. Rate per 1,000 total (Live and Still) Births = 8.8.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

STAFF. Dr. H. M. Wood resigned her appointment at the end of the year and was succeeded by Dr. J. L. Gregory.

LABORATORY FACILITIES. Full use has been made of the Laboratory attached to the Royal Salop Infirmary, Shrewsbury. The Government Emergency Laboratory at Hereford can also be made use of if required.

NURSING SERVICES IN THE HOME. These services are undertaken by two Associations, one of which employs one Nurse who does general nursing only.

The other Association employs two Nurses who do Midwifery work in the town and also do Midwifery and general nursing in the following parishes: Ludford, East Hamlet, Richard's Castle, Bromfield and Stanton Lacy.

The two Associations are affiliated with the Shropshire Nursing Federation, and the Secretary of the latter (Miss L. Gough) has kindly supplied the following figures regarding the work done by the Nurses in the year ending April, 1943:

LUDLOW MATERNITY NURSING ASSOCIATION.

			New Cases.	Number of Visits.
General	...	...	103	1,434
Midwifery	...	...	47	1,064
Maternity	...	...	10	296

Health Visits.	Head Inspections.	Medical Inspections.	Welfare Centres.	School Clinics.
486	30	6	37	14

LUDLOW GENERAL NURSING ASSOCIATION.

			Cases.	Visits.
General	...	...	201	3,379
Casual	...	...	0	331

AMBULANCE FACILITIES. An Ambulance is stationed in the town and is used for taking accidents and cases of illness to hospital as required. In addition, two Motor Ambulances are owned by the County Council, one of these being stationed at a garage in Shrewsbury and the other at the County Council Hospital, Cross Houses. The former is available for the conveyance of cases from all parts of the County to hospital, and is also used for infectious cases, in which latter cases it is disinfected, before being used again.

The Ambulance stationed at Cross Houses Hospital is used chiefly for the conveyance of cases to that institution, but is available elsewhere if urgently required. In addition, there is a Staff Van at the hospital which can be used as an ambulance if necessary. With regard to cases of infectious disease being sent to Monkmoor Hospital, the doctor or matron at the hospital arranges for an ambulance to be sent and a nurse is sent with it. Generally speaking the present arrangements appear to work well and no complaint has been made with regard to any delay in getting cases to hospital. Future tendencies will be to centralise hospital accommodation more and more, and therefore adequate transport facilities will be of great importance.

TREATMENT CENTRES AND CLINICS. These are under the control of the County Health Authorities and include School Clinics, Infant Welfare and Ante-natal Centres, and Orthopædic Clinic. The Tuberculosis Officer visits the town once a month, but the Tuberculosis Dispensary is at Shrewsbury.

Venereal Diseases are treated at the centre (1, Belmont, Shrewsbury,) as follows—

<i>Males</i>	<i>Females</i>
Tues. & Fri., 6—8 p.m.	Mon. & Wed., 2—4 p.m.

The following are the days and hours of the various Clinics, Welfares, etc., held in Ludlow—

Clinic.	Day.	Hour.
School Clinic.	Daily.	9—10 a.m.
Infant Welfare Centre.	Mondays.	10—12 a.m. and 2—4-30 p.m.
Ante-natal Centre	do.	do.
Orthopædic Centre	Alternate Mondays.	

All the above are held at the Clinic, Dinham.

On alternate Mondays, a Doctor (Dr. Blake of the County Health Staff) is in attendance at the School Clinic and Infant Welfare and Ante-natal Centres.

A Sister from the Orthopædic Hospital, Gobowen, attends the Orthopædic Centre on alternate Mondays, and once in four months a Doctor attends also.

During 1942, the numbers attending the Infant Welfare Centre have increased, the total attendance being 2,066. The average number per session was 43. The new cases numbered 246. Ante-natal cases numbered 103.

HOSPITAL ACCOMMODATION. The following list gives the names of Hospitals, Sanatoria, and other Institutions which are available for residents in Ludlow—

ROYAL SALOP INFIRMARY	...	Shrewsbury.
COUNTY COUNCIL HOSPITAL	...	Cross Houses.
SHIRLETT SANATORIUM	...	Broseley.
PREES HEATH SANATORIUM	...	Whitchurch.
PUBLIC ASSISTANCE INSTITUTION		Ludlow.
COTTAGE HOSPITAL	...	Ludlow.
EYE AND EAR HOSPITAL	...	Muir-vance, Shrewsbury.
SALOP MENTAL HOSPITAL	...	Bicton, near Shrewsbury.
JOINT ISOLATION HOSPITAL	...	Monkmoor, Shrewsbury.

Accommodation for patients has proved adequate during the year and there have been no complaints of any undue delay in gaining admission to the hospitals.

Emergency Midwifery cases are sent to Cross Houses Hospital, where the attendance of a Specialist is arranged for by the County Council Scheme. If such a patient is, in the opinion of her own doctor, too ill to stand the journey to Cross Houses, the medical practitioner can get into direct communication with the Specialist referred to, who will visit the patient in her own home or in one of the local hospitals as the case may be.

Infectious Diseases are admitted to Monkmoor Hospital by agreement with the Shrewsbury and Atcham Joint Committee at a fixed daily rate. This is, of course, provided there are beds available.

At the County Council Hospital, medical, surgical and midwifery cases are admitted, and every facility is available for skilled treatment and nursing.

SURVEYS OF HOSPITAL SERVICES. At present, a survey of the Hospital Services in the whole country is being

undertaken by the Nuffield Provincial Hospitals Trust, 16, King Edward Street, Oxford. As a first step in this survey, questionnaires have been sent out to the Medical Officers of Health in every district where there are any hospitals owned by the local authorities. Later, visits are to be paid to all the hospitals by specially appointed delegates of the Trust, who will then report to the Ministry of Health.

As a result of this survey and the action taken when the reports of all districts have been completed, we may hope to see great changes for the better in the provision and distribution of hospitals in every county.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The supply of Water to the town is obtained from three sources, namely :—

1. The BURWAY SUPPLY comes from springs and river water which is collected in pipes in a meadow about a mile north of the town. Water does not come direct from the river but has to pass some distance through the sand and gravel soil of the meadow before gaining access to the collecting pipes. There is also a second source of supply on the opposite bank of the river and the water from both sources is taken by a main to the pumping station in the town, from which it is pumped to the reservoir after being chlorinated. In times of flood the water becomes discoloured and also contains more organic matter brought down by the flood conditions. As a consequence, it is necessary to increase the amount of chlorine added to the water, and this entails a very close supervision of the supply in order that the proper amount of chlorine may be added.

It is usually recommended that with such a supply the water should be filtered before chlorination is carried out, as by this means a more constant result is obtained. With chlorination alone such a water would require to be very much over-chlorinated to ensure safety under all conditions.

Rivers will, undoubtedly, be used more and more in this country as a source of water supplies, and there can be no objection to such supplies provided the water is filtered and chlorinated, as this results in a perfectly safe water for all domestic purposes and a water, moreover, which is soft.

2. The FOUNTAIN SPRING SUPPLY is brought to Whitcliffe where it is chlorinated before distribution to the mains.

3. The BIRMINGHAM MAIN SUPPLY has proved of great value during the year as both the above-mentioned supplies as a result of the prolonged drought, fell greatly in their yield, and the supply to the town was maintained by this source. More than 16,000,000 gallons were obtained in this way at an increased cost over the minimum charge of £200 of £631' 5s. 3d.

Reports upon samples of water submitted for analysis during the year have shewn a very satisfactory degree of purity.

SEWERAGE AND DRAINAGE.

The Surveyor (Mr. W. G. Lane) reports that except for one mechanical failure in August, when the pumps were out of commission for some time, the working of the sewage disposal plant has been very satisfactory and a fairly good and consistent effluent has been obtained.

The main sewers throughout the Borough have all received periodical cleansing and flushing, and are working with efficiency.

SWIMMING BATHS.

There are no Public Swimming Baths and this is a matter which should be considered in the post-war programme.

MORTUARY.

An Emergency Mortuary is in the course of being adapted from a building near the Council Offices at Dinham. This should prove adequate for any emergency which may arise in the town.

SCHOOLS.

These are inspected and reported on by the Staff of the County Health Department, and any matter requiring attention is brought to the notice of the Managers.

REFUSE DISPOSAL.

House Refuse is collected at regular intervals and is disposed of by controlled tipping.

SECTION D.

HOUSING.

As in 1941, there has been little or no progress made with regard to the building of new houses in the year ending 31st December, 1942.

Number of new houses built	...	...	...	nil
Number of houses demolished	...	...	...	nil
Number of houses repaired after notice	...	...	...	7
Number of visits under Housing Acts	...	...	...	15
Number of visits under Public Health Acts	...	...	...	26

Although no new cases of over-crowding were brought to the Inspector's notice, there is still considerable over-crowding in the town due to the number of people who have come to it since the war started. Not much can be done to relieve such cases at present, however, and there is no evidence yet that the health of the community is being affected by such over-crowding as exists.

The number of houses disinfected owing to the presence in them of verminous conditions was three, and they were all Council Houses.

The total number of houses owned by the Council as at 31st December, 1943, is 175, which equals 11% of the total number of houses in the Borough.

POST-WAR HOUSING PROGRAMME.

The Ministry's Circular 2778 of 4th March, 1943, calls upon all Local Authorities to draw up a first year programme for the building of new houses. It has been decided to put forward a programme of approximately 75 houses for the town.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

At present the supervision of Milk supplies is divided. The County Council are responsible for Accredited and Tuberculin Tested Milk, while the Local Authority are responsible for other Milk supplies. It would seem that if all Milk were under the supervision of one authority this would greatly simplify procedure. The County Council are also the authority under the Food and Drugs Act in this county.

Sampling is undertaken by the County Inspectors in the case of the designated milks under their supervision, but the Inspectors of a Local Authority can take samples of undesignated milk or of Pasteurised Milk. This is usually done if complaint is made by a consumer or if it is suspected that the milk is spreading disease.

This year (1943) a new scheme called "THE NATIONAL MILK TESTING AND ADVISORY SCHEME" is being inaugurated and will be administered by the Ministry of Agriculture and Fisheries. The primary objects of the scheme are to prevent the serious loss of milk from souring, such as took place in the first two years of the present war. There are two main features, viz. :—

I. A standard routine test to be applied at frequent intervals to all farm milk supplies at the place of first delivery.

In addition, particularly during the summer, a quick standard platform test, applied daily on arrival, to milk suspected of being of poor keeping quality.

Unsatisfactory results are brought to the notice of the War Agricultural Executive Committee of the county in which the producer's farm is situated.

II. It is then the function of the War Agricultural Executive Committee to cause a visit to be paid to the farm in order to ascertain why the milk is defective, and to suggest a remedy.

The following figures have been supplied by Mr. W. G. Lane for the year 1942 :—

Milk Producers on register	...	...	13
Milk Shops	...	...	2
Sellers of Accredited Milk	...	...	1
Inspections of premises	...	...	26
Defects found—			
Uncleaniness of Cow Sheds	...		3
Abated after informal notice	...		3

In May, 1943, the Health Committee requested that samples of milk be taken in the town and subjected to analysis for—

- (a) General Cleanliness.
- (b) Infection by Tubercle Bacilli.

Samples were therefore taken on the 4th May, and submitted for examination. Out of thirteen samples taken, eight failed to pass the Methylene Blue test for cleanliness, and the names of the producers in each case were sent to the War Agricultural Executive Committee who will arrange for advisory visits to be paid to the farms.

As regards the tests for Tubercle, these were negative in every case.

Two of the most important points in clean milk production are :—1. Provision of a “ Cooler ” so that the milk may be rapidly cooled.

2. Absolute cleanliness of all dairy utensils, preferably by boiling or by steam.

Provided these two matters are carried out conscientiously and regularly, there should be few complaints of poor keeping qualities of milk.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The following table gives the number of cases of Infectious Diseases notified during the year ending 31st December, 1942 :—

Disease.	Cases notified.	Admitted to Hospital.	Deaths.
Scarlet Fever	4	4	0
Diphtheria	6	6	0
Measles	86	0	0
Whooping Cough	1	0	0
Pneumonia	4	0	1
Puerperal Pyrexia	6	0	0
Erysipelas	2	0	0
Ophthalmia Neonatorum	2	2	0

It will be seen from the above table that, apart from a number of cases of Measles, there has been no serious incidence of any of the Infectious Diseases.

No cases of Small-pox, Typhoid Fever or Para-typhoid have been notified during the year, nor has there been any case of Cerebro-spinal Meningitis.

DIPHTHERIA IMMUNISATION.

The work of protecting the child population against Diphtheria has progressed in a very satisfactory way during the year. This has been due in a great measure to the active co-operation of the County Health Services who have arranged for children attending the schools, and also the Infant Welfare Centres, to be immunised, and have also helped by bringing the advantages of immunisation before the parents.

The following is a copy of the return sent to the Ministry of Health showing the position as regards immunisation as on the 31st December, 1942 :—

	Under 5 years.	5—15 years.
Approximate estimated number of children in area as on 31st December, 1942 1. ...	500	1,275
Percentage of children considered to be immunised as at 31st December, 1942 1. ...	52%	93%

The actual numbers of children immunised in 1942 were as follows :—

	Under 5 yrs.	5—15 yrs.	Total
During the first six months ...	20	12	32
During the second six months	101	53	154
TOTALS	121	65	186

It will be seen from the above figures that the position as regards the older children is satisfactory, more than 90% being protected. It now remains to bring up the percentage of the children under five, who are protected to the same level as that of the older ones.

Once this has been done it will only be necessary in the future to concentrate on children who have reached their first birth-day, so that they may all be protected as soon after this age as is possible. In Ludlow this would mean a total of approximately 100 infants to be immunised each year. In order to accomplish this the help of all those having the care of these children must be enlisted, e.g. the parents must be educated in what this protection means for their children. This can be done at the Welfare Centres by doctors and nurses speaking personally to the parents who bring their children there. Private medical practitioners can also use their influence with their patients who often ask them for advice on this subject.

In this connection the Council have arranged to pay for each child protected by a private practitioner so that parents can have their children done by their own doctor if desired.

It may be said here that in 1942 only three cases of Diphtheria occurred among children under fifteen years of age, and in **none of these cases had the child been protected.** (In 1941 the number of cases was ten—all unprotected).

There were no deaths from Diphtheria during the year, but every parent whose child or children have not yet been protected should realise that they are allowing their children to run an unnecessary risk as it will be among the unprotected that any future cases and deaths will occur. The Ministry of Health are determined that this great advance in Preventive Medicine—namely the removal of the menace of Diphtheria from the child population in this country—must be made full use of, so that we may witness the disappearance of a disease which has, in the past, been the cause of the death of more children between the ages of four and ten years than any other disease.

ISOLATION HOSPITAL ACCOMMODATION.

Cases of the more serious Infections are sent as a rule to the Shrewsbury and Atcham Joint Isolation Hospital at Monk-moor, Shrewsbury. They are removed by an ambulance sent from Shrewsbury, and a nurse accompanies the patients.

The Isolation Hospital at Ludlow is not at present in use. It is probable that in the re-organisation of hospitals throughout the county one Isolation Hospital of 100—125 beds will be considered adequate for the population concerned. In these days of rapid motor transport, distance is not of so much importance as formerly was the case, and a hospital of the size mentioned is more satisfactory in every way than a number of small institutions at various places throughout the county.

SCABIES.

This condition is not notifiable and therefore it is difficult to ascertain the number of cases in the town. Cases among school children are notified weekly by the head teachers, and cases seen at the School Clinic are reported by the doctor attending. Cases among evacuated children who are living in billets without their parents are usually sent to the hospital at Shawbury. Other children may be treated by their own doctor at home or at the School Clinic.

In some of the latter cases where there are special circumstances which prevent the children getting adequate treatment at home it is possible to have them removed to Shawbury for treatment, and in such cases the County Council require a certificate from the Medical Officer of Health that the case is a suitable one.

The expense of treatment in such latter cases are borne by the County Council.

MEASLES.

This disease is not usually looked upon by the public generally as a very serious ailment, but as a matter of fact at a certain age it is one of the most dangerous diseases in view of the complications which may follow it.

The control of Measles by isolating cases and contacts has proved very ineffective owing to the great infectiveness of the disease. It has been found that epidemics occur among children every two years and this is accounted for by the fact that a fresh number of susceptible children have entered school in the interval since the last epidemic.

The important facts which should be widely known about Measles are:—

- I. That the complications of Bronchitis, Broncho-pneumonia and Otitis Media (middle ear disease) are those most to be feared.
- II. That, if possible, every effort should be made to postpone the time of attack until children are over three years of age. Most of the deaths take place under this age.

CONTROL BY SERUM PROPHYLAXIS.

The control of Measles in individuals or groups of individuals (*e.g.* children under the age of three) is best effected by the administration of immune measles serum.

According to the type and dose of serum, and the interval elapsing between exposure to the disease and the time of injection, either complete protection, which lasts from 14 to 21 days, or modification of attack, which results in life-long immunity, can be secured.

Complete protection is to be preferred for children under three years of age, and for other children who are in poor health and to whom an attack of measles might prove very serious.

In other children, however, the ideal to aim at is to so modify the attack that the child only has a very mild illness indeed, but, —and this is the important point—acquires an active immunity to the disease which safeguards it in the future. The serum of a person who has lately had the disease may be used but this is not essential as normal adult serum is almost as efficacious, although the dose used is larger.

In short, then, the modern method of dealing with Measles is to prevent children under the age of three getting it at all and to lessen the severity of an attack in older children, who at the same time acquire immunity to the disease.

TUBERCULOSIS.

On the 31st December, 1942, the number of notified cases on the Register was as follows :—

MALES		FEMALES		Total.
Pulm.	Non.-Pulm..	Pulm..	Non.-Pulm.	
53	29	42	21	145

These figures show an increase of seven Pulmonary cases over the figures for the year ending 31st December, 1941 (three males and four females), while the numbers of Non-pulmonary cases remain the same.

The death-rate from Tuberculosis was as follows :—

Pulmonary death-rate per 1,000 of population = ·158

Non-pulmonary death-rate per 1,000 of population = nil

TOTAL (all forms) per 1,000 of population = ·158

The death-rates for England and Wales (provisional) were :—

Pulmonary ... = ·542 per 1,000

Non-pulmonary ... = ·115 per 1,000

TOTAL ... = ·657 per 1,000

NEW CASES AND MORTALITY, 1942.

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-5 yrs.								
5-15 „			3					
15-25 „		2						
25-35 „	1							
35-45 „	1		1			1		
45-55 „	1							
55-65 „	2							
Totals	5	2	4	0	0	1	0	0

During the last year the Committee appointed to report on TUBERCULOSIS IN WAR TIME have issued their report and plans have now been announced as to the proposals which are to be carried out as a result of their report.

These include the following: Maintenance Allowances for patients and dependants of patients; Allowances for Rent, Fuel, Children's Education, etc.; extension of Hospital Accommodation; better recruitment and distribution of Nurses; use of Miniature Radiography which it is hoped will lead to an earlier diagnosis of cases.

The provisions above mentioned will, it is hoped, do much to lessen the ravages of this disease which, in 1942, caused more than 25,000 deaths in England and Wales. It has been for many years a well-known fact to those who are interested in the stamping out of this disease, that the financial side of the problem has been one of the most important. When a wage-earner is stricken with Tuberculosis his family usually sink into poverty. The other members of the family, having insufficient food and clothing, fall easy victims to the disease as their resistance is weakened. Hence we get case after case in one family. Not only this, but the patient himself, knowing of his family's plight, is unable to get full benefit from his stay in a sanatorium, and returns to work before he is fit and then has a relapse which probably ends fatally.

Therefore, this new provision of allowances while the wage-earner is undergoing treatment is one which is certain to have good results and, coupled with the other schemes of earlier diagnosis, etc., mentioned above, should result in a still further reduction in the mortality from Tuberculosis.

It cannot be too widely known that Tuberculosis is an infectious disease and is the cause of half the deaths between the ages of 15 and 24 years in England and Wales. Only with the help of an educated community can it be stamped out.

